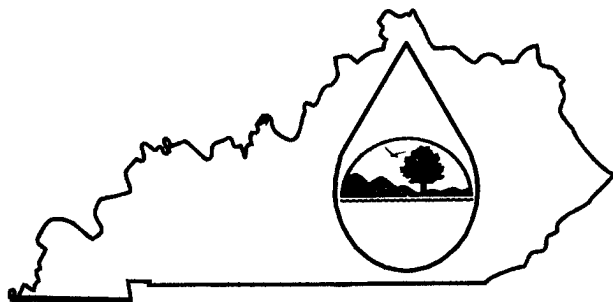


KPDES FORM 1

187

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION



- This is an application to: (check one)
- ☐ Apply for a new permit.
- ☒ Apply for reissuance of expiring permit.
- ☐ Apply for a construction permit.
- ☐ Modify an existing permit.
- Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Form SC

For additional information contact:

KPDES Branch (502) 564-3410

\$200.00ck.

I. FACILITY LOCATION AND CONTACT INFORMATION		AGENCY USE	0	0	9	9	3	4	1
A. Name of business, municipality, company, etc. requesting permit Plymouth Engineered Shapes									
B. Facility Name and Location					C. Primary Mailing Address (all facility correspondence will be sent to this address). Include owner mailing address on a separate sheet if different.				
Facility Location Name: Plymouth Engineered Shapes					Facility Contact Name and Title: Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Kenny Daugherty - Environmental Health & Safety Representative				
Facility Location Address (i.e. street, road, etc., not PO Box): 201 Commerce Court					Mailing Address: 201 Commerce Court				
Facility Location City, State, Zip Code: Hopkinsville, KY 42240					Mailing City, State, Zip Code: Hopkinsville, KY 32240				
					Facility Contact Telephone Number: (270) 886-6631 ext. 261				

II. FACILITY DESCRIPTION			
A. Provide a brief description of activities, products, etc: Manufacturer of near net extruded shapes or profiles in titanium, nickel alloys, stainless carbon and alloy steels			
B. Standard Industrial Classification (SIC) Code and Description			
Principal SIC Code & Description:	3356		
Other SIC Codes:	3399	3317	3312

III. FACILITY LOCATION	
A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)	
B. County where facility is located: Christian	City where facility is located (if applicable): Hopkinsville
C. Body of water receiving discharge: Unnamed tributary of the South Fork of Little River	
D. Facility Site Latitude (degrees, minutes, seconds): 36 49 30	Facility Site Longitude (degrees, minutes, seconds): -87 26 30
E. Method used to obtain latitude & longitude (see instructions):	
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):	

IV. OWNER/OPERATOR INFORMATION	
A. Type of Ownership: <input type="checkbox"/> Publicly Owned <input checked="" type="checkbox"/> Privately Owned <input type="checkbox"/> State Owned <input type="checkbox"/> Both Public and Private Owned <input type="checkbox"/> Federally owned	
B. Operator Contact Information (See instructions)	
Name of Treatment Plant Operator:	Telephone Number:
Operator Mailing Address (Street):	
Operator Mailing Address (City, State, Zip Code):	
Is the operator also the owner? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the operator certified? If yes, list certification class and number below. Yes <input type="checkbox"/> No <input type="checkbox"/>
Certification Class:	Certification Number:

V. EXISTING ENVIRONMENTAL PERMITS		
Current NPDES Number: KY009341	Issue Date of Current Permit: 8/26/03	Expiration Date of Current Permit: 12/31/08
Number of Times Permit Reissued: 3	Date of Original Permit Issuance: 1/1/93	Sludge Disposal Permit Number:
Kentucky DOW Operational Permit #:	Kentucky DSMRE Permit Number(s):	

Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source	0-89-014	N/A
Solid or Special Waste	N/A	N/A
Hazardous Waste - Registration or Permit	KYD-084-270-461	N/A

VI. DISCHARGE MONITORING REPORTS (DMRs)
--

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). Information in this section serves to specifically identify the name and telephone number of the DMR official and the DMR mailing address (if different from the primary mailing address in Section I.C).

A. DMR Official (i.e., the department, office or individual designated as responsible for submitting DMR forms to the Division of Water):	Kenny Daugherty
DMR Official Telephone Number:	(270) 886-6631 ext. 261

B. DMR Mailing Address:	
<ul style="list-style-type: none"> Address the Division of Water will use to mail DMR forms (if different from mailing address in Section I.C), or Contact address if another individual, company, laboratory, etc. completes DMRs for you; e.g., contract laboratory address. 	
DMR Mailing Name:	Plymouth Engineered Shapes
DMR Mailing Address:	201 Commerce Court
DMR Mailing City, State, Zip Code:	Hopkinsville, KY 42240


VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount (for permit renewals, please include the KPDES permit number on the check to ensure proper crediting). Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category:	Filing Fee Enclosed:
Non-Process Industry	\$200.00

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> <i>MICHAEL WISE</i>	<i>270-886-6631</i>
SIGNATURE	DATE:
	<i>6-30-08</i>

Mapped, edited, and published by the Geological Survey

[illegible][illegible]

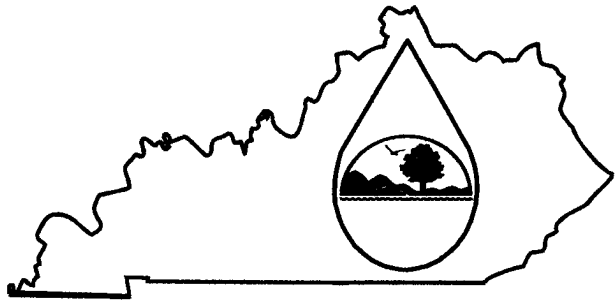
FOR SALE BY U.S. GEOLOGICAL SURVEY
DENVER COLORADO 80201 OR RESTON VIRGINIA 22082
KENTUCKY GEOLOGICAL SURVEY FRANKFORD KENTUCKY 40006
AND KENTUCKY DEPARTMENT OF COMMERCE FRANKFORT KENTUCKY 40601
A COLOR PICTURE TOPOGRAPHIC MAPS AND SYMBOLS AVAILABLE ON REQUEST

E. L. KING, CHIEF, KY

[illegible]

自1977年起，在1980年，共302

KPDES FORM F



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, Contact KPDES Branch, (502) 564-3410.

I. OUTFALL LOCATION	AGENCY USE								
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For each outfall list the latitude and longitude of its location to the nearest 15 seconds and name the receiving water.

A. Outfall Number	B. Latitude			C. Longitude			D. Receiving Water (name)
002	36	49	30	-87	26	30	Unnamed tributary to the South fork of Little River
003	36	49	30	-87	26	30	Unnamed tributary to the South fork of Little River
004	36	49	30	-87	26	30	Unnamed tributary to the South fork of Little River
005	36	49	30	-87	26	30	Unnamed tributary to the South fork of Little River
N/A							

II. IMPROVEMENTS

- A. Are you now required by any federal, state, or local authority to meet any implementation schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

1. Identification of Conditions, Agreements, Etc.	2. Affected Outfalls		3. Brief Description of Project	4. Final Compliance Date	
	No.	Source of Discharge		a. req.	b. proj.
N/A					

- B. You may attach additional sheets describing any additional water pollution (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

III. SITE DRAINAGE MAP

Attach a site map showing topography (or indicating the outline of drainage areas served by the outfall(s) covered in the application if a topographic map is unavailable) depicting the facility including: each of its intake and discharge structures; the drainage area of each storm water outfall; paved areas and buildings within the drainage area of each storm water outfall, each known past or present areas used for outdoor storage or disposal of significant materials, each existing structural control measure to reduce pollutants in storm water runoff, materials loading and access areas, areas where pesticides, herbicides, soil conditioners and fertilizers are applied; each of its hazardous waste treatment, storage or disposal units (including each area not required to have a RCRA permit which is used for accumulating hazardous waste under 40 CFR 262.34); each well where fluids from the facility are injected underground; springs, and other surface water bodies which receive storm water discharges from the facility.

--

IV. NARRATIVE DESCRIPTION OF POLLUTANT SOURCES

A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
002	0 SF	4,900 SF	004	18,400 SF	18,400 SF
003	30,200 SF	30,200 SF	005	55,200 SF	265,300 SF

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas; and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

Common Trash Hopper (Southside of building)- Consist of solid materials, picked up by local landfill for disposal. Visual inspections, spill prevention plans, employee training and housekeeping measures prevent or minimize potential for releases of pollutants. Hopper is loaded at it's location.

Scrap Steel Hoppers (7)(Southside & of Northside building)- Contains scrap solid steel picked up by metal recycler. Visual inspections, spill prevention plans, employee training and housekeeping measures prevent or minimize potential for release of pollutants. Hoppers are loaded at their location.

Foundry Sand Hopper (Southside of building) - Contains scrap foundry sand that is a special waste and is a solid and is hauled to Ohio County Balefill for disposal. The hopper is lined with plastic prior to filling. Visual inspections, spill prevention plans, employee training and housekeeping measures prevent or minimize potential for release of pollutants. Hopper is loaded at it's location.

Empty 55 gallon drums (Southside of building) - Contain various residual chemicals. Drums are solid metal or plastic and are sent to drum recycler. Visual inspections, spill preventions plans, employee training and housekeeping measures prevent or minimize potential for release of pollutants. Drums are placed onto truck at their storage location.

Raw Material Storage (Northside of building) - All titanium and stainless steel raw materials. These materials are solid. Visual inspections, spill prevention plans, employee training and housekeeping measures prevent or minimize potential for release of pollutants. Raw material is taken off of truck and stored.

Used Equipment Storage (Southwest of building) - All used equipment is free from chemical contaminants. Most used equipment is placed in a quonset hut. Visual inspections, spill prevention plans, employee training and housekeeping measure prevent or minimexe potential for release of pollutants.

This location does not apply pesticidess, herbicides, soil conditioners or fertilizers.


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C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table F-1
002	Structural Controls are that downspouts from building allows stormwater to travel through and is connected to outfall. Nonstructural controls include spill prevention plans, employee training, visual inspections and housekeeping measures to prevent or minimize the potential for releases of , pollutants.	4-A
003	Structural Controls are that downspouts from building allows stormwater to travel through and is connected to outfall. Nonstructural controls include spill prevention plans, employee training, visual inspections and housekeeping measures to prevent or minimize the potential for releases of , pollutants.	4-A
004	Structural Controls are that downspouts from building allows stormwater to travel through and is connected to outfall. Nonstructural controls include spill prevention plans, employee training, visual inspections and housekeeping measures to prevent or minimize the potential for releases of , pollutants.	4-A
005	Structural Controls are that downspouts from building allows stormwater to travel through and is connected to outfall. Nonstructural controls include spill prevention plans, employee training, visual inspections and housekeeping measures to prevent or minimize the potential for releases of , pollutants.	4-A

V. NON-STORM WATER DISCHARGES

A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of non-storm water discharges, and that all non-storm water discharges from these outfall(s) are identified in either an accompanying Form C or Form SC application for the outfall.

Name and Official Title (type or print)	Signature	Date Signed
MIKE WISE GENERAL MANAGER		4/30/08

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

N/A

VI. SIGNIFICANT LEAKS OR SPILLS

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

One spill occurred on 2/28/08 of an alkaline cleaner and water containing approximately 400 lbs. of KOH. Spill occurred on the East side of building reaching Outfall # 005. Spill was reported to EPA although material was under RQ. Material was cleaned up and disposed of properly. A final report regarding this spill was provided to Mr. Neil Berry with the KY Department For Environmental Protection, Division of Waste Management. This report is available upon request.

VII. DISCHARGE INFORMATION

A,B,C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided. Tables F-1, F-2, and F-3 are included on separate pages.

E: Potential discharges not covered by analysis - is any toxic pollutant listed in Table F-2, F-3, or F-4, a substance which you currently use or manufacture as an intermediate or final product or by product.

☒ Yes (list all such pollutants below) ☐ No (go to Section IX)

Fluoride, Oil and grease, Iron, Magnesium, Manganese, Molybdenum, Phosphorus, Titanium, Antimony, Chromium, Lead, Nickel, Selenium, Zinc

VIII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ Yes (list all such results below) ☒ No (go to Section IX)

IX. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in item VII performed by a contract laboratory or consulting firm?

☒ Yes (list the name, address and telephone number of, and pollutants analyzed by each such laboratory or firm below; use additional sheets if necessary).

☐ No (go to Section IX)

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed
Emperical Laboratories	227 French Landing Drive	(615) 345-1115	TSS, Oil & Grease, Hardness, Total (As CaCO3), Cadmium, Copper, Total Recoverable Metals

X. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations.

NAME & OFFICIAL TITLE (type or print)

MIKE WISE

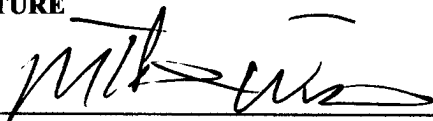
Mr. ☒ Ms. ☐

General Manager.

AREA CODE AND PHONE NO.

270-886-6631

SIGNATURE



DATE SIGNED

6/30/08

OUTFALL NO: 002

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During 1 st 20 Minutes	Flow-weighted Composite	Grab Sample Taken During 1 st 20 Minutes	Flow-weighted Composite		

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During 1 st 20 Minutes	Flow-weighted Composite	Grab Sample Taken During 1 st 20 Minutes	Flow-weighted Composite		
Oil and Grease	2.7 mg/L	N/A	2.18 mg/L		4	Contact with building & grounds
Biological Oxygen Demand BOD ₅						
Chemical Oxygen Demand (COD)						
Total Suspended Solids (TSS)	8.8 mg/L		6.4 mg/L		4	Contact with building & grounds
Total Kjeldahl Nitrogen						
Nitrate plus Nitrite Nitrogen						
Total Phosphorus						
pH	Minimum	Maximum	Minimum	Maximum	4	

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During 1 st 20 Minutes	Flow-weighted Composite	Grab Sample Taken During 1 st 20 Minutes	Flow-weighted Composite		

[illegible]

Part C - List each pollutant shown in Tables F-2, F-3, and F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

[illegible]

Part D - Provide data for the storm event(s) which resulted in the maximum values for the flow-weighted composite sample.

1. Date of Storm Event	2. Duration of Storm Event (in minutes)	3. Total rainfall during storm event (in inches)	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event (gal/min or specify units)	6. Total flow from rain event (gallons or specify units)

7. Provide a description of the method of flow measurement or estimate.

VII. DISCHARGE INFORMATION
OUTFALL NO: 003

Part A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During 1 st 20 Minutes	Flow-weighted Composite	Grab Sample Taken During 1 st 20 Minutes	Flow-weighted Composite		
Oil and Grease	<2.0 mg/L	N/A	<2.0 mg/L		4	Contact with building & grounds
Biological Oxygen Demand BOD ₅						
Chemical Oxygen Demand (COD)						
Total Suspended Solids (TSS)	8.0 mg/L		5.7 mg/L		4	Contact with building & grounds
Total Kjeldahl Nitrogen						
Nitrate plus Nitrite Nitrogen						
Total Phosphorus						
pH	Minimum	Maximum	Minimum	Maximum	4	

Part B - List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's KPDES permit for its process wastewater (if the facility is operating under an existing KPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During 1 st 20 Minutes	Flow-weighted Composite	Grab Sample Taken During 1 st 20 Minutes	Flow-weighted Composite		
pH	7.4		6.9		4	Contact with building & grounds
TSS	8.0 mg/L		5.7 mg/L		4	Contact with building & grounds
Hardness, Total	4.4 mg/L		3.1 mg/L		4	Contact with building & grounds
Oil & Grease	<2.0 mg/L		<2.0 mg/L		4	Contact with building & grounds
Flow	0.000675 MGD		0.000477 MGD		4	Contact with building & grounds
Precipitation Vol.	1.0 inches		0.6 inches		4	Contact with building & grounds
Metals, Total	0.005 mg/L		0.005 mg/L			

Part C - List each pollutant shown in Tables F-2, F-3, and F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

[illegible]

Part D - Provide data for the storm event(s) which resulted in the maximum values for the flow-weighted composite sample.

1. Date of Storm Event	2. Duration of Storm Event (in minutes)	3. Total rainfall during storm event (in inches)	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event (gal/min or specify units)	6. Total flow from rain event (gallons or specify units)

7. Provide a description of the method of flow measurement or estimate.

VII. DISCHARGE INFORMATION**OUTFALL NO: 004**

Part A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During 1 st 20 Minutes	Flow-weighted Composite	Grab Sample Taken During 1 st 20 Minutes	Flow-weighted Composite		
Oil and Grease	<2.0 mg/L	N/A	<2.0 mg/L		4	Contact with building & grounds
Biological Oxygen Demand BOD ₅						
Chemical Oxygen Demand (COD)						
Total Suspended Solids (TSS)	6.4 mg/L		4.9 mg/L		4	Contact with building & grounds
Total Kjeldahl Nitrogen						
Nitrate plus Nitrite Nitrogen						
Total Phosphorus						
pH	Minimum	Maximum	Minimum	Maximum	4	

Part B - List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's KPDES permit for its process wastewater (if the facility is operating under an existing KPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During 1 st 20 Minutes	Flow-weighted Composite	Grab Sample Taken During 1 st 20 Minutes	Flow-weighted Composite		
pH	7.46		7.05		4	Contact with building & grounds
TSS	6.4 mg/L		4.9 mg/L		4	Contact with building & grounds
Hardness, Total	9.1 mg/L		4.15 mg/L		4	Contact with building & grounds
Oil & Grease	<2.0 mg/L		<2.0 mg/L		4	Contact with building & grounds
Flow	0.000675 MGD		0.000477 MGD		4	Contact with building & grounds
Precipitation Vol.	1.0 inches		0.6 inches		4	Contact with building & grounds
Metals, Total	0.005 mg/L		0.005 mg/L			Contact with building & grounds

Part C - List each pollutant shown in Tables F-2, F-3, and F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

[illegible]

Part D - Provide data for the storm event(s) which resulted in the maximum values for the flow-weighted composite sample.

1. Date of Storm Event	2. Duration of Storm Event (in minutes)	3. Total rainfall during storm event (in inches)	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event (gal/min or specify units)	6. Total flow from rain event (gallons or specify units)

7. Provide a description of the method of flow measurement or estimate.

VII. DISCHARGE INFORMATION			OUTFALL NO: 005			
Part A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.						
Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During 1 st 20 Minutes	Flow-weighted Composite	Grab Sample Taken During 1 st 20 Minutes	Flow-weighted Composite		
Oil and Grease	<2.0 mg/L	N/A	<2.0 mg/L		4	Contact with building & grounds
Biological Oxygen Demand BOD ₅						
Chemical Oxygen Demand (COD)						
Total Suspended Solids (TSS)	48 mg/L		18.05 mg/L		4	Contact with building & grounds
Total Kjeldahl Nitrogen						
Nitrate plus Nitrite Nitrogen						
Total Phosphorus						
pH	Minimum	Maximum	Minimum	Maximum	4	
Part B - List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's KPDES permit for its process wastewater (if the facility is operating under an existing KPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.						
Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During 1 st 20 Minutes	Flow-weighted Composite	Grab Sample Taken During 1 st 20 Minutes	Flow-weighted Composite		
pH	7.46		7.05		4	Contact with building & grounds
TSS	48 mg/L		18.05 mg/L		4	Contact with building & grounds
Hardness, Total	58 mg/L		38.25 mg/L		4	Contact with building & grounds
Oil & Grease	<2.0 mg/L		<2.0 mg/L		4	Contact with building & grounds
Flow	0.000675 MGD		0.000477 MGD		4	Contact with building & grounds
Precipitation Vol.	1.0 inches		0.6 inches		4	Contact with building & grounds
Metals, Total	0.029 mg/L		0.016 mg/L		4	Contact with building & grounds

Part C - List each pollutant shown in Tables F-2, F-3, and F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

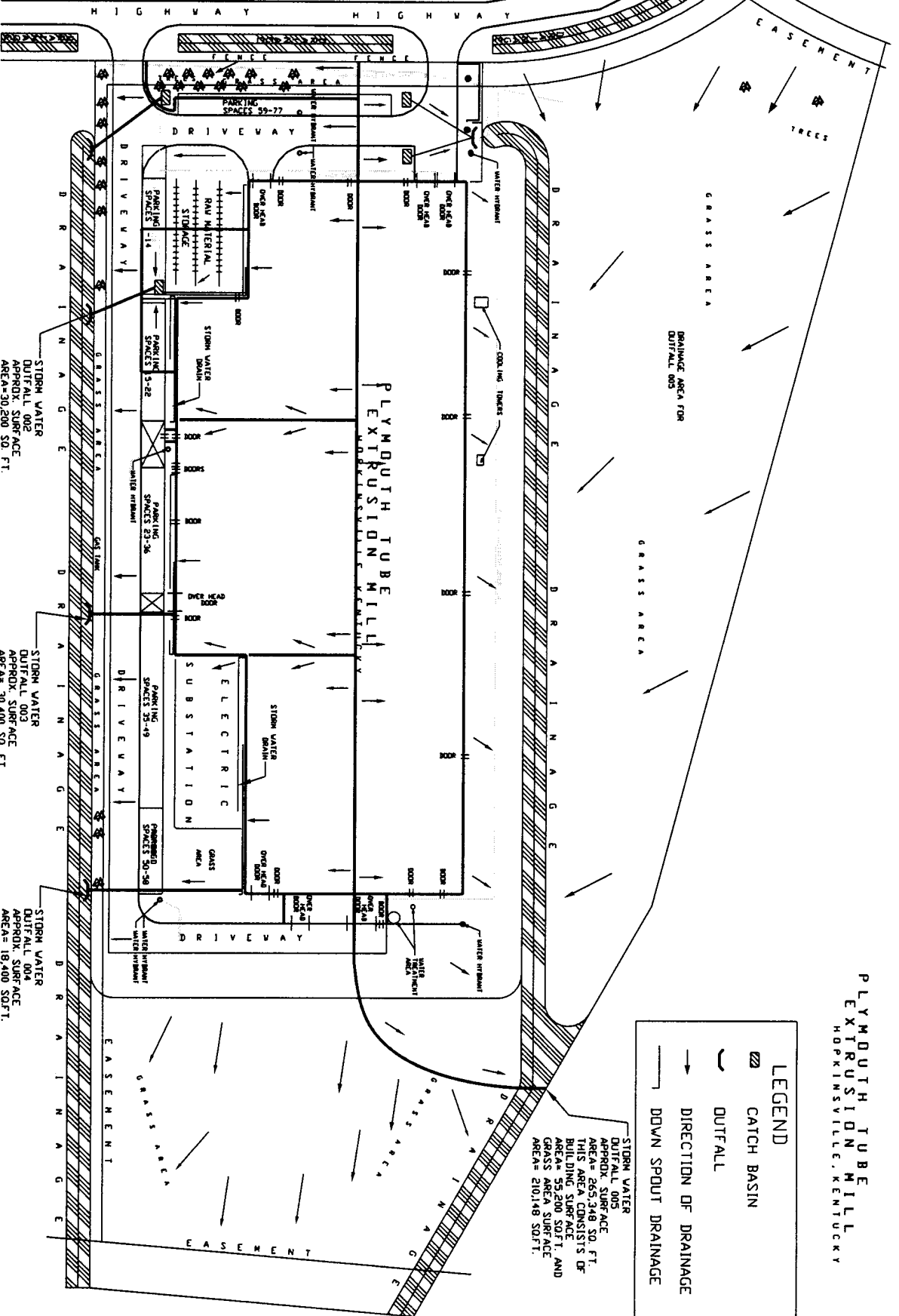
[illegible]

Part D - Provide data for the storm event(s) which resulted in the maximum values for the flow-weighted composite sample.

Part D - Provide data for the storm event(s) which resulted in the maximum values for the flow weighted composite sample.					
1. Date of Storm Event	2. Duration of Storm Event (in minutes)	3. Total rainfall during storm event (in inches)	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event (gal/min or specify units)	6. Total flow from rain event (gallons or specify units)

7. Provide a description of the method of flow measurement or estimate.

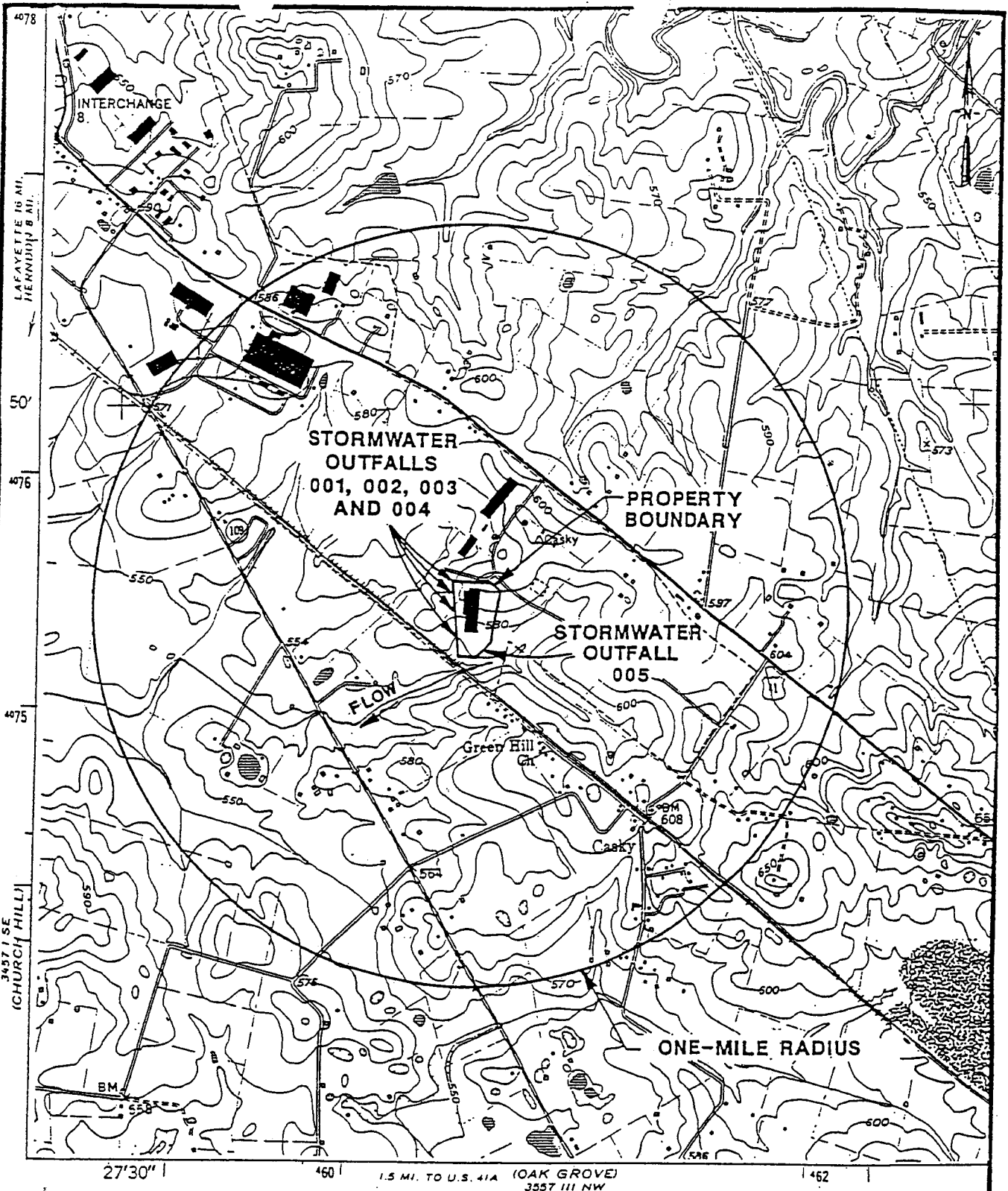
PLYMOUTH TUBE EXTRUSION MILL HOPKINSVILLE, KENTUCKY



PLYMOUTH TUBE EXTRUSION MILL
HOPKINSVILLE, KENTUCKY

LAYER: DRAINAGE

DATE: 05/30/04
DRAWN: AJT
SCALE: 1"=23'
PLANT/DAUT 1996



SOURCE: Taken from 1982 Kentucky Geological Survey Topographical Map, Hopkinsville Quadrangle.

0 1/2 1 MILE
SCALE

LOCATION MAP
PLYMOUTH TUBE EXTRUSION MILL
HOPKINSVILLE, KENTUCKY

6762

4/92

ECI Attachment A

Tennessee
New Jersey
New York

Temp 03-21